**BREASTFEEDING**

*A guide for new mothers*

**Day 1 - 4**

- Skin-to-skin contact and uninterrupted attempts to latch
- Minimum of 8 feeds per 24 hours. May be 12 or more during first week of nursing to establish milk supply.
- Massage breasts while your baby is latched to increase transfer of colostrum, which is the initial secretion your breasts will produce and is densely rich in antibodies.
- The following are feeding volumes (per feed) needed for healthy term babies (37+ weeks)
    - 0-24 hours 2-10mL
    - 24-48 hours 5-15mL
    - 48-72 hours 15-30mL
    - 72-96 hours 30-60mL
- Signs of milk transfer: audible swallowing, soiled diapers, change in breast fullness pre- and post-feeding, pulling off breast independently, appearing satisfied.
- Day 4 – babies stop losing weight and should begin gaining. This coincides with maternal breast engorgement, which typically lasts 24-48 hours. Feed often during this time and massage fullness in breasts toward your nipple while baby is nursing.

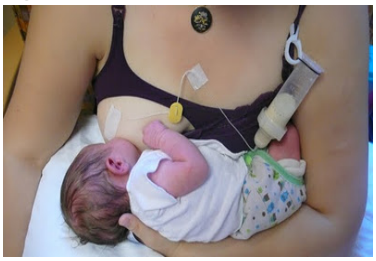
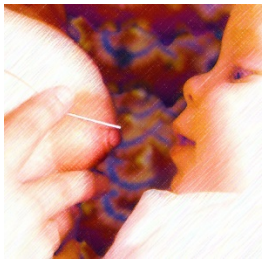
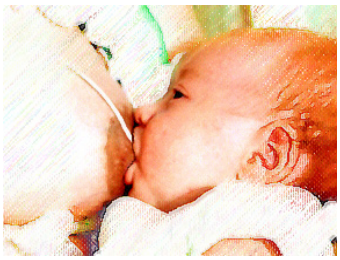
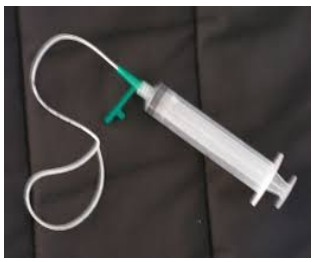
**Day 4-14**

- Breast engorgement will slowly subside and your body will begin to regulate milk supply based on what is stimulated.
- Your baby should begin gaining weight, approximately 0.5-1.0oz per day.
- Ideally, your baby should be back at their birth weight by Day 14.

**Common breastfeeding problems**

**Supplementation**

- If your baby is losing too much weight and requires supplementation, you can supplement with your own pumped milk.
- Pump your milk immediately after nursing your baby. It is best to use a hospital-grade pump if your baby requires supplementation in the first 30 days. Do not be discouraged if initially you do not pump any milk. It is the stimulation that will eventually render more milk output. If you do not express enough for the supplementation that is recommended for your baby, you may mix your milk with formula.
- If possible, it is best to avoid bottle feeding the supplement during the initial month of breastfeeding. A small feeding tube can be inserted in your baby's mouth while he or she is nursing to provide the additional nourishment. This is called a supplemental nursing system. If your baby is unable to drink with this method, finger feeding is another alternative. This involves inserting the tube onto your finger and into their mouth.

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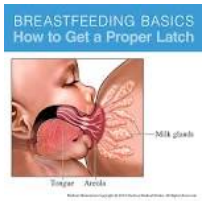
**Latching Difficulty**

- Adequate latching will involve the following: both lips flange outward, their entire body pressed against yours, head and neck are aligned and mouth is deeply onto your nipple. Examples:





- Poor latch technique may cause any of the following: nipple pain, nipple blistering, "clicking" sound from imperfect seal on breast, ineffective milk emptying, infant weight loss, low milk supply.

**Painful Nipples**

- This is most commonly due to ineffective latching technique. Bring your baby deeply onto your breast with a wide mouth and flanged lips while assuring his or her body is closely pressed to yours and you are providing body supporting from their upper back and neck.

**Inverted, Flat or Short Nipples**

- It is not impossible to nurse if your nipples do not elongate. Deep latching with a wide mouth and your baby's body pressed against yours will often compensate for nipple variations. Each mother-baby pair is different. For example, a mom may have flat nipples, yet her baby has a long tongue to compensate. When a mom has flat nipples and the baby's tongue is relatively short, there can be more difficulty with attachment.
- A silicone nipple shield may facilitate deeper attachment. You can use the nipple shield temporarily to drink directly from the breast and wean this over time or you can use a nipple shield the entire time you nurse without contraindication. They come in a variety of sizes, ranging from 16mm (XS) to 24mm (M).



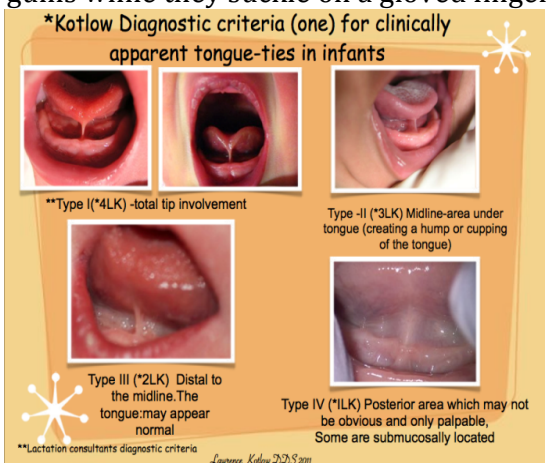

**Tongue Tie**

- Management of tongue tie or "ankyloglossia" is complex. Surgery, or "frenulectomy," is not always necessary. Below are pictures of the different types of tongue ties. Sight alone is usually insufficient when determining how the tongue may affect feeding. Feeling what the tongue does during sucking is needed to plan the next steps of intervention. The tongue should maintain a consistently strong seal while extending past the lower gums while they suckle on a gloved finger.

**Frenulectomy:**

Mom - persistently painful latch, blisters / bleeding nipples

Baby - poor weight gain, fatigue with nursing, high suck/swallow ratio (>3:1), "clicking" sound, ingestion of excessive air, inability to protrude tongue past gums and lips, frustration with latch




**No Frenulectomy:**

Mom – Minimal discomfort with latch, no recurrent plugged milk ducts, breasts fully drain at feeds, supply adequate

Baby – gaining ~1oz/day, 1:1 suck / swallow ratio, finishes feeds in <30min, satisfied after nursing

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**High Palate**

- Often goes hand-in-hand with tongue tie as the shortened tongue will remain within the oral cavity and cause a dome shape of the palate. High palate can also be a normal anatomical variation.
- May cause nipple discomfort due to the sharp slope upward. Wedging breast tissue into the baby's mouth (such as in the image below), particularly where the palate is, can alleviate discomfort. Nipple shields may also be helpful.

- Your nipple may have a funny shape after the baby nurses due to this excessive palatal height.

**Feeding Fatigue**

- There are several conditions that may affect your baby's ability to eat efficiently including prematurity (earlier than 37 weeks gestation), cardiac abnormalities and structural issues with the head, neck, face and mouth. It is also possible that a normal term baby (37+ weeks) may exhibit temporary or prolonged inefficiency with breastfeeding.
- It is important to rule out the more common causes of feeding fatigue in a full-term newborn including poor latching, tongue tie and low milk supply. These are often easily addressed with minimal intervention.
- Your baby may need to have supplemental nutrition to gain weight properly while they are acquiring breastfeeding skills. The first choice would be to supplement with a small feeding tube in their mouth while they are nursing. Another option is finger feeding where the tube is inserted on a gloved finger into the baby's mouth. Bottle feeding in sidelying position with a slow flow nipple may also be temporarily necessary for your baby to gain sufficient weight.

**Low Milk Supply**

- This is most typically associated with lack of breast stimulation. It is common to have *perceived* low milk supply. If your baby is gaining sufficient weight (~1oz/day) exclusively breastfeeding without supplementation, your milk supply is not low. Sometimes your breasts will feel soft and your baby may seem hungry. Resist the urge to supplement. This is their way of training your body to make more milk. The excess stimulation will result in increased milk supply. You can offer your breasts more than once within the same feeding as they are never empty and this may elicit another milk "let down."
- If you have ruled out lack of stimulation as the cause of your low milk supply with a lactation consultant, there may be other techniques to increase your milk supply including use of a supplemental nursing system and expressing your breasts after every feeding with a hospital grade pump. There are over-the-counter and prescription medications that may also result in greater milk output. Ask your OBGYN and lactation consultant if this is appropriate for you.

**Nipple Vasospasm / Raynaud's**

- Raynaud's occurs when there is a spasm of the blood vessel in the breast. It may develop once your milk supply is established and is most often triggered by cold.
- Use of a heating pad just prior to and after nursing will usually prevent these painful blood vessel spasms. On rare occasions, there is a heart medication your doctor may prescribe that will also prevent your vessels from contracting.
- The symptoms of Raynaud's are very sharp stabbing pains in the nipple and/or breast with characteristic change of nipple color as the circulation is disrupted (white, blue, purple).

**Thrush**

- Thrush is an overgrowth of yeast. The symptoms tend to mimic Raynaud's as it will cause stabbing shooting pains into your breast. You may be at risk for thrush if you or your baby took an antibiotic.
- Thrush is a frustrating problem to treat and typically needs to be addressed in both the mom and baby as this fungal infection will continue to spread with contact while breastfeeding. You do not need to stop breastfeeding to treat thrush.

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- Your doctor may place you and your baby on anti-fungal medications. It is important to sterilize all parts that come into contact with the infection site (pacifiers, nipple shields).

**Engorgement**

- Engorgement is a normal stage of milk development, typically occurring 4 days after delivery and lasting 24-48 hours.
- The most effective technique to weather breast engorgement is *frequent* nursing and breast massage to empty the milk. Alternating cold and hot compresses may decrease swelling and increase milk flow. Try to avoid pumping your breasts as this ultimately perpetuates the engorgement. You may hand express some milk for comfort if your baby is unable to fully drain your breasts.
- If your engorgement is severe and prolonged, you can carefully use cabbage leaves for 5-10 minutes after feeding. It is important to use this technique sparingly as it is a known strategy for drying up milk.

**Measuring milk supply and weight gain**

- You can rent a hospital-grade scale to assess whether your baby is transferring enough milk while breastfeeding and assure he/she is gaining weight appropriately.
- Your pediatrician will provide you with guidelines of how much your baby should be taking in each feeding based on their weight. Generally, their intake will be 2.5-3 times their body weight and this typically levels off at 25-30oz per 24 hours.

## Helpful Resources

Academy of Breastfeeding Medicine
http://www.bfmed.org/Resources/Protocols.aspx

Medications and Breastfeeding / LactMed
www.toxnet.nlm.nih.gov

La Leche League
www.llli.org

Breastfeeding Coalition
www.breastfeeding.org

American Academy of Pediatrics
www.aap.org

Kelly Mom
www.kellymom.com

First Five San Diego
www.first5sandiego.org

Regional Center: Free developmental evaluations age 0-3.
www.sdrc.org

Free 27/4 phone center for health, disaster, community.
www.211sandiego.org

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